



PROJECT WILD WORKSHOP PROPOSAL

Requested by authority of the Michigan Department of Natural Resources

Facilitator Name	Organization/Title/Position
Address	Telephone ()
City, State, ZIP	Alternate Telephone ()

WORKSHOP INFORMATION

☐ This workshop is open to all educators on a first come, first served basis (we'll post on our website).

☐ This workshop is closed, given as a pre-service workshop.

Date _____ Start Time _____ a.m. until _____ p.m.

Workshop Location and Address _____

For more information or to register for the workshop what phone number and email should people use:

Telephone () _____ Email _____

Registration deadline date _____ Cost \$ _____ per person

Registration cost covers (snacks, materials) _____

Facilitator Name(s) _____

Expected number of participants _____ Audience _____

☐ Project WILD Workshop (4 hour minimum)

☐ Early Childhood Project WILD Workshop (4 hour minimum)

☐ Aquatic WILD Workshop (4 hour minimum)

☐ Combined K-12 Project WILD and Aquatic WILD (8 hours recommended)

☐ Combined K-12 and Early Childhood (8 hours recommended)

☐ Combined Project WILD and _____ (ex: PLT, WET)

How will this event be announced? _____

MATERIALS

Number of manuals needed:

K-12 Project WILD _____ Aquatic WILD _____ Early Childhood _____

Contact and address to send materials to _____

Date materials needed by _____

Checks for books may be collected by the facilitator and mailed in as a group with the Participant Sign-in Form OR sent in preceding the workshop by an individual to: MAEOE, 3970 Business U.S. 131, Ste. C # 119, Cadillac, MI 49601.

Attach workshop format, tentative agenda and mail completed workshop proposal at earliest possible date, preferably 6 weeks prior, to:

Natalie Elkins
Office of Communications
Michigan Department of Natural Resources
530 W. Allegan
Lansing, MI 48933

or

FAX (517) 373-1547